

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 6116Registered No. 651

1. PLACE OF BIRTH

County GilaState Arizona

District or Township _____

or Village P.O. Box 1622-Miami, Ariz.City MiamiNo. Miami Insp. Hospital

St. _____

Ward _____

2. Full name of child Windolee Standifer
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 } If child is not yet named, make
 } supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____
 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Dec. 2-1930
 Month Day Year

8. FATHER

Full name Charles Lee Standifer9. Residence
(Usual place of abode) MiamiIf non-resident, give place and state. Arizona10. Color or race Cauc.11. Age at last birthday 39 (Years)12. Birthplace (city or place) Burnett Co.(State or country) Texas

13. Occupation

Nature of Industry Mining

14. MOTHER

Full maiden name Eunice Ella Smith15. Residence
(Usual place of abode) MiamiIf non-resident, give place and state. Arizona16. Color or race Cauc.17. Age at last birthday 37 (Years)18. Birthplace (city or place) Flana Co.(State or country) Texas

19. Occupation

Nature of Industry Housewife20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living. 3
 (b) Born alive but now dead. 0
 (c) Stillborn. 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A. m. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
 supplemental report.

Signature Cyril M. Brown M.D.

(Physician or midwife.)

Address Miami, ArizonaFiled Dec 14 1930Registrar. H. E. Dwyer

Registrar.

629-1202-528